RAINFOREST FOUNDATION US

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INSTITUTIONAL GRIEVANCE REDRESS MECHANISM

POLICY AND PROCEDURES

Approval status: Pending approval by the Board of Directors, expected on December 1, 2026
Effective date: To be recorded upon approval
Responsible function: Designated GRM responsible function
Governance oversight: Ethics and Integrity Committee / Board of Directors
Classification: Public, and posted on the RFUS website
Review cycle: At least every three years or earlier when required

PART I — POLICY

1. Policy Statement

Rainforest Foundation US is committed to accountability, transparency, respect for human rights, environmental and social responsibility, and meaningful engagement with the people and communities affected by its work.

RFUS therefore maintains an Institutional Grievance Redress Mechanism (GRM) through which individuals, communities and other stakeholders may raise concerns about RFUS's operations, programs, projects, personnel, partners or activities.

RFUS will ensure that grievances are handled in a manner that is accessible, fair, impartial, confidential, timely, culturally appropriate and free from retaliation.

The mechanism is designed to facilitate resolution wherever possible while ensuring that serious allegations are referred to the appropriate independent or specialized function.

2. Policy Objectives

The Grievance Redress Mechanism (GRM) seeks to:

- provide a safe avenue for raising concerns;
- resolve grievances promptly and fairly;
- prevent escalation of avoidable disputes;
- identify and correct adverse impacts;
- strengthen accountability to communities and stakeholders;
- protect complainants and participants against retaliation;
- identify systemic weaknesses;
- support organizational learning; and
- demonstrate RFUS's commitment to GCF environmental and social standards.

PART II — PROCEDURES

3. Procedure Overview

The GRM follows the following lifecycle:

Receive → Acknowledge → Register → Screen → Refer → Assess/Resolve → Decide/Recommend → Communicate → Monitor → Close → Learn

Step 1 — Receiving a Grievance

A grievance may be submitted through any approved reporting channel. Current reporting channels and instructions are available at https://rainforestfoundation.org/about/contact-us/. Grievances may also be submitted verbally or in writing through RFUS personnel, who shall securely refer them without requiring resubmission. Where a usual recipient is implicated or conflicted, the independent channel identified in the Protection of Whistleblowers and Witnesses Policy shall be used.

A complainant should provide, where possible:

- name and contact information;
- description of the concern;
- date and location;
- persons or entities involved;
- relevant documents or evidence;
- desired outcome; and
- any immediate safety concerns.

A complaint shall not be rejected solely because the complainant cannot provide complete information. Complaints may be submitted directly or through an authorized representative. Anonymous grievances shall be accepted and assessed to the extent reasonably possible based on the information available. Anonymous status shall not, by itself, constitute grounds for rejecting a grievance.

Step 2 — Acknowledgment

The GRM responsible function (Integrated Investigation Function, GRM, and PSEAH Complaints Focal Point) should acknowledge receipt within **five working days**, where contact information is available.

The acknowledgment should explain:

- that the complaint has been received;

- the next steps;
- confidentiality limitations;
- non-retaliation protections; and
- expected timelines.

Where immediate safety or safeguarding risks exist, those risks shall be addressed without waiting for completion of the normal process.

Step 3 — Registration

Each grievance shall be assigned a unique case/reference number.

The GRM shall maintain a secure case register containing, as appropriate:

- case number;
- date received;
- source/channel;
- category;
- location;
- relevant project/activity;
- assigned responsible function;
- conflict-of-interest assessment;
- referral decision;
- status;
- actions taken;
- resolution;
- closure date; and
- lessons learned.

Access to the register shall be restricted to authorized personnel.

Step 4 — Initial Screening

The GRM responsible function shall conduct an initial screening to determine:

1. whether the concern falls within the GRM;
2. whether there is an immediate safety risk;
3. whether the matter involves safeguarding/SEAH;
4. whether it falls under the Protection of Whistleblowers and Witnesses Policy;
5. whether formal investigation is required;
6. whether there is a conflict of interest;
7. whether another mechanism is more appropriate;
8. whether the matter concerns a project-level mechanism; and
9. whether the matter should be escalated to the Ethics and Integrity Committee or Board of Directors.

Screening should normally be completed within **10 working days** of receipt.

Step 5 — Conflict-of-Interest Assessment

Before handling a grievance, the responsible person shall determine whether they have an actual, potential or perceived conflict of interest.

A person shall recuse themselves where appropriate.

Examples include:

- involvement in the underlying event;
- reporting relationship with the subject of the complaint;
- personal relationship with a party;
- financial interest;
- previous involvement in the dispute; or
- any other circumstance that could reasonably affect impartiality.

Where independence cannot be adequately protected internally, RFUS may appoint an independent external reviewer or investigator. Where the grievance concerns senior management, the Executive Director, a member of the Ethics and Integrity Committee, a member of the Board of Directors or the Board Chair, the special escalation and recusal arrangements established in the GRM Terms of Reference shall apply. No person who is the subject of, implicated in, or has an actual, potential or perceived conflict in relation to a grievance shall participate in its screening, referral, assessment, investigation, decision or closure. Where internal independence cannot reasonably be secured, an independent external mechanism shall be used.

Step 6 — Assessment and Resolution

Depending on the nature of the grievance, resolution may involve:

- clarification of information;
- correction of an administrative error;
- dialogue between parties;
- mediation;
- negotiated resolution;
- corrective action;
- management action;
- referral for investigation;
- policy or process change;
- restitution or other appropriate remedy; or
- escalation to a governance body.

Mediation shall not be used where it would be inappropriate or unsafe, particularly in cases involving serious power imbalances, SEAH, violence, abuse or other circumstances in which mediation could expose a survivor or complainant to additional harm.

Step 7 — Investigation

Where formal investigation is required, the matter shall be referred to the Investigation Function in accordance with its approved Terms of Reference and Investigation Procedures and Case Management Guidelines.

The GRM, management, Ethics and Integrity Committee and Board of Directors shall not direct or interfere with an investigation. The Investigation Function or assigned investigator shall independently determine, within its mandate, whether and how the investigation proceeds, including its methodology, scope, evidence collection and assessment, investigative findings and final investigation report. Governance bodies may exercise oversight and take decisions arising from completed investigations but shall not direct or substitute the investigator's factual findings.

Step 8 — Decision and Corrective Action

Where a grievance is substantiated, resolved by agreement, or otherwise requires corrective action, the GRM shall identify or recommend appropriate measures within the scope of its mandate. The GRM may agree or facilitate corrective action falling within its delegated authority. Where implementation requires management, employment, financial, contractual or governance authority outside the GRM's mandate, the GRM shall submit its recommendation to the competent decision-maker and monitor implementation.

Where the matter has been formally investigated, the competent decision-maker may determine the appropriate response or corrective action but shall not direct, amend or substitute the Investigation Function's independent findings. Corrective action may include:

- correcting an organizational decision;
- changing a process;
- providing an appropriate remedy;
- modifying project implementation;
- strengthening safeguards;
- staff management action;
- training;
- community engagement;
- policy revision; or
- other proportionate measures.

The response shall be proportionate to the nature, severity and consequences of the grievance.

Step 9 — Communication of Outcome

The complainant shall be informed of the outcome to the extent possible and consistent with confidentiality, privacy, legal requirements and the rights of other individuals.

The communication should explain:

- whether the grievance was accepted for review;
- what process was followed;
- whether action was taken;
- any remedy or corrective action relevant to the complainant; and
- available escalation or appeal options.

Confidential information about disciplinary action, personnel matters or investigation findings shall not be disclosed unless appropriate and authorized.

Step 10 — Review, Appeal and Governance Escalation

A complainant may request review or appeal of the handling or outcome of a grievance where:

- the procedure was not followed;
- material relevant information was not considered;
- there is credible evidence of bias or conflict of interest;
- the grievance was not handled within a reasonable timeframe without adequate explanation;
- an agreed or approved remedy was not implemented; or
- material new information has become available.

A review or appeal shall be conducted by a person or body that was not responsible for the decision or process under review and that has no actual, potential or perceived conflict of interest. The person or body responsible for assigning and deciding a review shall be determined as follows:

- A review of a routine GRM decision shall be assigned by the GRM responsible function to a person who did not participate in the original handling or decision.
- A review involving the GRM responsible function or its personnel shall be assigned by the Chair of the Ethics and Integrity Committee or another independent and unconflicted authority.
- A review involving senior management shall be assigned to the Ethics and Integrity Committee or its independent designee.
- A review involving the Executive Director shall be assigned by the Chair of the Ethics and Integrity Committee or a non-conflicted Board authority.

- A review involving an Ethics and Integrity Committee member shall be handled by the remaining independent and unconflicted Committee members or, where necessary, the Board.
- A review involving the Committee Chair shall be assigned by the Board Chair or another independent and unconflicted Board authority.
- A review involving a Board member shall be handled by non-conflicted Board members or an independent reviewer designated by them.
- A review involving the Board Chair shall be handled under the leadership of the Vice-Chair or another independent and unconflicted Board member.

RFUS may use an external reviewer where internal independence or necessary expertise cannot reasonably be secured. An external reviewer is not required where an appropriately independent internal reviewer is available.

Independent investigation findings are not appealable through the GRM. A review may address the grievance procedure, referral decision, remedy, organizational response, conflict-of-interest handling, timeliness, or implementation of an agreed action, but it may not replace, amend or direct the investigator's factual findings.

Governance escalation is distinct from an appeal. A matter may be escalated to the Ethics and Integrity Committee, Board of Directors or another independent governance body where it concerns senior leadership, significant conflicts of interest, systemic institutional risk, threats to the independence of the mechanism, or another matter requiring governance-level consideration.

Neither review, appeal nor governance escalation shall permit a governance body to alter the independent factual findings of the Investigation Function.

Where appropriate, the complainant shall also be informed of the availability of external remedies, including the GCF Independent Redress Mechanism for relevant GCF-financed activities.

Step 11 — Closure

A case may be closed when:

- the grievance has been resolved;
- appropriate corrective action has been completed;
- the complainant confirms resolution, where appropriate;
- reasonable efforts to contact the complainant have been exhausted;
- the matter has been referred to another competent mechanism;
- the complaint is determined to be outside the GRM's scope; or
- further action is not reasonably possible.

Closure shall be documented.

Referral Matrix

Type of concern	Primary mechanism
Routine operational grievance	GRM
Project/activity impact	Project-level GRM, with institutional escalation available
Environmental/social concern	GRM / ESMS function
Fraud/corruption/financial wrongdoing	Independent Investigation Function: reporting and protection under the Protection of Whistleblowers and Witnesses Policy.
Serious misconduct	Investigation Function
Harassment/discrimination	Appropriate specialized mechanism / Investigation Function
SEAH/safeguarding	Safeguarding mechanism / Investigation Function
Complaint against senior leadership	Ethics and Integrity Committee / Board of Directors escalation
Conflict involving GRM personnel	Independent reassignment
Systemic institutional issue	Ethics and Integrity Committee / management / Board of Directors as appropriate

The referral of a complaint shall not prevent the complainant from accessing another legitimate remedy.

4. Confidentiality and Information Management

All grievance information shall be handled securely and only accessed by authorized personnel.

RFUS shall apply appropriate safeguards to:

- personal information;
- sensitive allegations;
- evidence;
- investigation materials;
- communications with complainants;
- witness information; and
- records of decisions and remedies.

Information shall be retained in accordance with RFUS's applicable records retention and data protection requirements.

5. Protection Against Retaliation

RFUS prohibits retaliation against any person who:

- submits a grievance in good faith;
- assists a complainant;
- provides information;
- serves as a witness;
- participates in an investigation; or
- otherwise engages with the GRM.

Alleged retaliation shall itself be treated as a serious concern and may be referred to the Investigation Function under the Protection of Whistleblowers and Witnesses Policy or other applicable mechanism.

Knowingly false or malicious allegations may be addressed under applicable organizational policies; however, a complaint shall not be considered malicious merely because it is not substantiated.

6 Accessibility and Inclusion

RFUS shall take reasonable measures to ensure that the GRM is accessible to persons who may face barriers due to:

- language;
- literacy;
- disability;
- geographic isolation;
- technology access;
- cultural practices;
- age; or
- power imbalances.

Where relevant, information about the mechanism shall be made available in appropriate local languages and formats.

No person shall be required to use a digital mechanism where an alternative reasonable channel is available.

RFUS shall provide reasonable accommodations and assistance, where appropriate, to enable persons facing accessibility barriers to submit and participate effectively in a grievance process.

7. Indigenous Peoples and Community Grievances

Where grievances concern Indigenous Peoples or local communities, RFUS shall ensure that the process is culturally appropriate and respectful of applicable rights and community structures.

Where customary or community-based grievance-resolution processes are appropriate and voluntarily accepted by affected persons, RFUS may consider their use, provided that such processes:

- do not undermine individual rights;
- do not expose complainants to retaliation;
- do not create discrimination;
- do not replace access to RFUS's institutional GRM; and
- do not prevent access to GCF or other legitimate remedies.

8. GCF-Financed Activities

For GCF-financed activities, RFUS shall ensure that affected and potentially affected communities receive understandable information about grievance mechanisms at the institutional, activity/project and GCF levels.

Information shall be provided early enough in stakeholder engagement for communities to understand how and where concerns can be raised.

The mechanism shall be available without cost and without retribution, and shall not prevent access to the GCF Independent Redress Mechanism or judicial and administrative remedies. These expectations are expressly reflected in the GCF Environmental and Social Policy.

9. Project-Level GRMs

Where RFUS is responsible for a GCF-financed activity, RFUS shall ensure that an appropriate project/activity-level grievance mechanism is established where required.

The project-level mechanism shall:

- be accessible to affected stakeholders;
- have clear reporting channels;
- maintain appropriate records;
- provide timely responses;
- protect complainants from retaliation;
- be culturally appropriate;
- be linked to the institutional GRM; and

- provide escalation to RFUS where necessary.

Where RFUS acts as an intermediary, it shall require appropriate grievance mechanisms from executing entities and conduct due diligence and oversight to confirm that those mechanisms are functioning effectively. GCF specifically places this responsibility on accredited entities.

Use of a project- or activity-level grievance mechanism shall not be a mandatory prerequisite to access the RFUS Institutional GRM where direct institutional access is appropriate in light of the nature, sensitivity, independence, or safety considerations of the grievance.

10. Monitoring and Reporting

The GRM responsible function (Integrated Investigation Function, GRM, and PSEAH Complaints Focal Point) shall use the secure case register to monitor performance proportionately to case volume and risk. The following indicators may be used where relevant and meaningful; separate statistical analysis is not required where case numbers are insufficient. Periodic reporting may record that no grievances were received:

- number of grievances received;
- source and category;
- geographic/programmatic distribution;
- percentage acknowledged within the required timeframe;
- percentage resolved;
- average time to resolution;
- number referred to investigation;
- number escalated;
- recurring issues;
- retaliation allegations;
- remedies/corrective actions; and
- stakeholder feedback.
- percentage of grievances resolved within target timelines;
- percentage of agreed corrective actions implemented;
- number and nature of grievances involving conflicts of interest or independent reassignment;
- accessibility and complainant/stakeholder feedback, where safely obtainable.

Where appropriate and safe, the GRM responsible function should provide complainants and affected stakeholders with an opportunity to provide confidential feedback on the accessibility, fairness, timeliness and effectiveness of the grievance process. Such feedback shall be used for periodic improvement of the mechanism and shall not affect the handling or outcome of the grievance.

Aggregate information may be reported to management and the Board of Directors without revealing confidential information. The GRM responsible function shall periodically assess not

only the number of grievances received but also whether the mechanism remains accessible, independent, equitable, predictable, transparent and effective.

11. Systemic Learning

The purpose of the GRM extends beyond resolving individual complaints.

The responsible function shall periodically analyze trends to identify:

- recurring operational problems;
- weaknesses in policies;
- risks to communities;
- weaknesses in stakeholder engagement;
- safeguarding risks;
- implementation failures;
- training needs; and
- opportunities to improve organizational systems.

Material systemic issues shall be communicated to the appropriate management or governance body.

12. Timelines

RFUS should establish the following target timelines:

Stage	Target
Acknowledge complaint	5 working days
Initial screening	10 working days
Communicate referral decision	10 working days
Resolution of routine grievances	30 working days
Complex cases	As soon as reasonably practicable. Where the applicable target timeframe cannot be met, the complainant shall be informed, where contact is possible, of the reason for the delay, the current status of the matter and a revised expected timeframe. Periodic updates shall be provided where material delays continue.

Escalation request	Acknowledge and assign review or escalation request — normally within 15 working days.
Complete review	as soon as reasonably practicable, with periodic updates where the review is materially delayed
Communication of final outcome	10 working days after decision

Where a matter cannot be resolved within the applicable timeframe, the complainant should be informed of the reason for the delay and the revised expected timeframe.

Serious safeguarding or immediate safety matters shall be prioritized and handled without delay.

13. Roles and Responsibilities

Board of Directors

- Provides governance oversight.
- Ensures institutional independence.
- Receives appropriate periodic reporting.
- Addresses matters requiring Board of Directors-level intervention.

Ethics and Integrity Committee

- Provides independent ethical oversight in accordance with its TOR.
- Receives escalated or sensitive matters within its mandate.
- Reviews systemic issues where appropriate.

GRM Responsible Function

- Receives and registers complaints.
- Conducts preliminary screening.
- Coordinates referrals.
- Monitors resolution.
- Maintains records.
- Reports trends.
- Supports continuous improvement.

Investigation Function

- Conducts formal investigations within its mandate.
- Maintains independence and confidentiality.

- Reports findings according to its approved procedures.

Management

- Implements approved corrective actions.
- Provides resources.
- Addresses systemic operational issues.
- Does not interfere with independent review or investigation.

Project/Activity Teams

- Maintain appropriate project-level grievance mechanisms.
- Ensure communities are informed about available mechanisms.
- Cooperate with legitimate grievance processes.
- Implement corrective actions within their authority.

14. Resourcing and Capacity

RFUS shall ensure that the GRM has sufficient institutional capacity and resources proportionate to the size and nature of the organization and the risks associated with its activities.

This shall include:

- designated responsibility;
- appropriate training;
- secure case-management arrangements;
- access to specialist advice;
- access to independent investigation where necessary;
- adequate time and resources; and
- periodic assessment of GRM effectiveness.

The GRM does not require a dedicated full-time department where this would be disproportionate to RFUS's size and risk profile. However, responsibilities shall be formally assigned and sufficient capacity shall exist to ensure that the mechanism is functional rather than merely policy-based.

15. Public Disclosure

RFUS shall publish accessible information about its institutional GRM, including:

- purpose;
- who may submit a grievance;
- types of concerns covered;
- reporting channels;
- confidentiality;
- non-retaliation;
- basic process and timelines;
- escalation options; and
- relevant GCF grievance mechanisms for GCF-financed activities.

RFUS may publish a public summary rather than confidential operational procedures.

16. Review of the Policy

This Policy and Procedures shall be reviewed at least every three years or earlier where:

- GCF requirements change;
- applicable laws change;
- RFUS's activities or risk profile materially change;
- significant deficiencies are identified;
- lessons learned indicate a need for revision; or
- the Board of Directors or management determines that a review is necessary.

17. Related Documents

This Policy shall be implemented together with[1]:

1. Ethics and Integrity Committee Terms of Reference;
2. Investigation Function Terms of Reference;
3. Investigation Procedures and Case Management Guidelines;
4. Protection of Whistleblowers and Witnesses Policy;
5. RFUS Code of Ethics and Conduct;
6. Safeguarding Policy;
7. SEAH procedures;
8. Environmental and Social Management System;
9. Stakeholder Engagement procedures; and
10. project/activity-level grievance procedures.

[1] For more information about these policies, please visit: https://rainforestfoundation.org/about/financials-transparency/

Annex 1 — Minimum GRM Case Categories

- Environmental and social impacts
- Community concerns
- Indigenous Peoples/community rights
- Stakeholder engagement
- Project implementation
- Discrimination/exclusion
- Abuse of power
- Harassment
- Safeguarding
- SEAH
- Retaliation
- Fraud/corruption
- Financial concerns
- Procurement/contracting
- Other organizational concerns

Annex 2 — Minimum Case Register

Field	Required
Case number	Yes
Date received	Yes
Reporting channel	Yes
Complainant identity	Where available
Anonymous	Yes/No
Location	Where relevant
Project/Activity	Where relevant
Category	Yes
Immediate risk	Yes/No
Conflict-of-interest check	Yes
Referral	Yes
Responsible function	Yes
Status	Yes
Actions taken	Yes
Resolution	Yes
Corrective action	Where applicable
Date closed	Yes
Lessons learned	Where appropriate